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THE CITY CLERK  
CITY OF NEWPORT BEACH

Candidate Intention Statement

Type or Print in Ink.

Check One: ☐ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp

CANDIDATE INTENTION STATEMENT

CALIFORNIA  
FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

Leslie Daigle 949 838-5603

STREET ADDRESS

CITY

STATE

ZIP CODE

2201 Vista Huerta, Newport Beach, CA 92660

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN

COUNCIL MEMBER

7

PARTY: Republican

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County:

CITY OF NEWPORT BEACH

2010

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Sept. 30, 2009

(month, day, year)

Signature

Leslie Daigle

(Signature)

FPPC Form 501 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)